Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture		Diane First name Middle name	First name Middle name
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2775	

Debtor 1	Diane Lake	Case number (if known)	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	8561 Sorrento St	If Debtor 2 lives at a different address:		
		Detroit, MI 48228 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Wayne County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

the Court About \ ter of the cy Code you are to file under	Check one	•	ase		
ter of the	Check one	•	ise		
cy Code you are		. (For a b			
	_	0)). Also,		each, see <i>Notice Required by</i> age 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy te box.
	Chapte	er 7			
	☐ Chapte	er 11			
	☐ Chapte	er 12			
	☐ Chapte	er 13			
will pay the fee	abou orde	ut how yo r. If your	ou may pay. Typica	ally, if you are paying the fee yo	ck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money half, your attorney may pay with a credit card or check with
					on, sign and attach the Application for Individuals to Pay
		-	,	Official Form 103A).	on only if you are filing for Chapter 7. By law, a judge may,
	but i appl	s not req ies to yo	uired to, waive you ur family size and	ur fee, and may do so only if yo you are unable to pay the fee i	our income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.
9. Have you filed for ■ No.					
cy within the irs?	☐ Yes.				
		District		When	Case number
		District		When	Case number
		District		When	Case number
pankruptcy	■ No				
nding or being spouse who is this case with y a business or by an	☐ Yes.				
•					
		Debtor			Relationship to you
		District		When	Case number, if known
		Debtor			Relationship to you
		District		When	Case number, if known
ent your e?	□ No.	Go to I	ine 12.		
5 :	Yes.	Has yo	our landlord obtain	ed an eviction judgment agains	st you?
			No. Go to line 12		
					Judgment Against You (Form 101A) and file it with this
		?	? ¶ Yes. Has yo	nt your □ No. Go to line 12. Yes. Has your landlord obtain ■ No. Go to line 12 □ Yes. Fill out <i>Initia</i>	nt your

page 3

)eb	tor 1 Diane Lake				Case number (if known)	
ar	Report About Any Bu	ısinesses	You Own	as a Sole Proprie	tor	
2.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to			
	business:	☐ Yes.	Name	Name and location of business		
	A sole proprietorship is a	— 100.				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code	
	it to this petition.		Checi	k the appropriate bo	ox to describe your business:	
				Health Care Busir	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as d	lefined in 11 U.S.C. § 101(53A))	
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you in	dicate that you are ow statement, and f	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	■ No.	I am r	not filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
ar	t 4: Report if You Own or	Have Any	y Hazardo	ous Property or An	y Property That Needs Immediate Attention	
4.	Do you own or have any	■ No.	<u> </u>			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	■ No.	What is	the hazard?		
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?		
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is	s the property?		
					Number, Street, City, State & Zip Code	
_						

page 4

Debtor 1

Diane Lake Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Diane Lake			Case num	ber (if known)		
ar	t 6: Answer These Questi	ons for R	eporting Purposes				
16.	What kind of debts do you have?	16a.		onsumer debts? Consumer debts are deconal, family, or household purpose."	efined in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.		usiness debts? Business debts are debestment or through the operation of the be			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you o	we that are not consumer debts or busin	ess debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. E are paid that funds will be ava	Do you estimate that after any exempt pri ailable to distribute to unsecured creditor	operty is excluded and administrative expenses rs?		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do you estimate that you	1 -49		☐ 1,000-5,000	<u></u> 25,001-50,000		
	owe?	50-99		☐ 5001-10,000 ☐ 10,001-25,000	☐ 50,001-100,000 ☐ More than100,000		
		☐ 100-1 ☐ 200-9		10,001-23,000	Li More man 100,000		
19.	How much do you estimate your assets to	\$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	be worth?		01 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
20.	How much do you estimate your liabilities	□ \$0 - \$		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion		
	to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion		
ar	t7: Sign Below						
or	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.					
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
I unders bankrup and 357			est relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
			cy case can result in fines up t		y or property by fraud in connection with a 3 years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Diane L		Signature of Deb	otor 2		
		Ü		Frankada.			
		Executed	d on April 8, 2019 MM / DD / YYYY	Executed on M	IM / DD / YYYY		

Debtor 1 Diane Lake		Case number (if known)			
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, under Chapter 7, 11, 12, or 13 of title 11, United States for which the person is eligible. I also certify that I hav	Code, and have ex	plained the relief available under each chapter		
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify t schedules filed with the petition is incorrect.	hat I have no knowl	edge after an inquiry that the information in the		
	/s/ Zak M. Mahdi Signature of Attorney for Debtor	Date	April 8, 2019 MM / DD / YYYY		

Zak M. Mahdi p70728 Printed name The Zak Mahdi Law Firm, PC Firm name 1 Parklane Blvd Suite 729 East Dearborn, MI 48126 Number, Street, City, State & ZIP Code Contact phone **3138466400** zak@mahdilawgroup.com Email address p70728 MI Bar number & State

Certificate Number: 17082-MIE-CC-032322326



CERTIFICATE OF COUNSELING

I CERTIFY that on February 20, 2019, at 2:27 o'clock PM MST, DIANE LAKE received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 20, 2019

By: /s/Rita Duarte

Name: Rita Duarte

Title:

Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Fill	in this informa	ation to identify your	case:			
Deb	otor 1	Diane Lake				
		First Name	Middle Name	Last Name		
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Bank	kruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Cas	se number					
(if kn	nown)				_	eck if this is an ended filing
						3
∩f	ficial For	m 106Sum				
			and Liabilities a	nd Certain Statistical Information	on	12/15
Be a	as complete an rmation. Fill ou	d accurate as possibut all of your schedul	le. If two married peoples first; then complete t	e are filing together, both are equally responsil the information on this form. If you are filing an ok the box at the top of this page.	ble for supply	ring correct
Par	t 1: Summai	rize Your Assets				
						assets e of what you own
1.	Schedule A/E 1a. Copy line	3: Property (Official Fo	orm 106A/B) rom Schedule A/B		\$	0.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B		\$	9,877.00
	1c. Copy line	63, Total of all property	y on Schedule A/B		\$	9,877.00
Par	t 2: Summai	rize Your Liabilities				
					Your	liabilities
					Amou	unt you owe
2.			laims Secured by Propert mn A, Amount of claim, at	y (Official Form 106D) t the bottom of the last page of Part 1 of <i>Schedule</i>	D \$	5,660.00
3.			Unsecured Claims (Officion 1) (Officion 1) (Officion 1) (Officion 2) (al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	6,579.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	59,295.15
				Your total liabil	ities \$	71,534.15
Par	t 3: Summai	rize Your Income and	Expenses		<u> </u>	
4.		our Income (Official Fo				
т.				e I	\$	3,275.00
5.		our Expenses (Official onthly expenses from li			\$	3,245.00
Par	t 4: Answer	These Questions for	Administrative and Sta	tistical Records		
6.			er Chapters 7, 11, or 13' on this part of the form. (? Check this box and submit this form to the court wi	th your other s	schedules.
7.	YesWhat kind of	debt do you have?				

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,904.75

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	6,579.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	29,662.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	36,241.00

Fill in	this infor	mation to identify your	case and this filing:			
Debto	or 1	Diane Lake				
Debto	vr 2	First Name	Middle Name	Last Name		
	e, if filing)	First Name	Middle Name	Last Name		
United	d States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF N	/ICHIGAN		
Case	number					☐ Check if this is an
Case	Tidilibei _					☐ Check if this is an amended filing
Offic	cial Fo	rm 106A/B				
		e A/B: Prop	ertv			12/15
				ce. If an asset fits in more than o	one category list the asset	
think it informa	fits best. E	Be as complete and accura re space is needed, attach	ate as possible. If two married	people are filing together, both a On the top of any additional pag	are equally responsible for	supplying correct
Part 1:	Describe	Each Residence, Building	g, Land, or Other Real Estate Y	ou Own or Have an Interest In		
1 Do 1	(OIL OWD OF	have any logal or equitable	o interest in any residence, but	ilding, land, or similar property?		
1. DO y	you own or	nave any legal of equitable	e interest in any residence, but	numg, land, or similar property?		
_	No. Go to Pa					
ШΥ	es. Where	is the property?				
Part 2:	Describe	Your Vehicles				
Do voi	u own lea	se or have legal or eq	uitable interest in any vehic	cles, whether they are registe	ered or not? Include any	vohicles you own that
				G: Executory Contracts and U		verilcies you own that
3. Car	rs, vans, tr	ucks, tractors, sport u	tility vehicles, motorcycles			
	lo.	•				
Y	res					
3.1	Make:	Chrysler	Who has an interes	t in the property? Check one		claims or exemptions. Put
	-	Sebring	■ Debtor 1 only	,		ured claims on Schedule D: laims Secured by Property.
	Year:	2010	Debtor 2 only		Current value of the	Current value of the
		te mileage:	Debtor 1 and Deb	otor 2 only	entire property?	portion you own?
[Other infor	mation:	At least one of the	e debtors and another		
			Check if this is of (see instructions)	community property	\$1,500.00	\$1,500.00
				l vehicles, other vehicles, an		
Exa	mpies: Boa	ats, trailers, motors, pers	onal watercraft, fishing vesse	els, snowmobiles, motorcycle a	iccessories	
	No					
ΠY	⁄es					
E 14	الم علم الم	ar value of the portion	vou own for all of your ontr	rice from Bart 2, including or	y antrias for	
				ries from Part 2, including ar		\$1,500.00
	_					
Part 3:		Your Personal and Hous		'- II O		Owners to relieve of the
ро ус	ou own or	nave any legal or equit	able interest in any of the f	ollowing items?		Current value of the portion you own?
						Do not deduct secured
6. Ho ı	usehold g	oods and furnishings				claims or exemptions.
	amples: M		, linens, china, kitchenware			

Official Form 106A/B

page 1

Schedule A/B: Property

Debtor 1	Diane Lake	Case number (if know	vn)
■ Ye	es. Describe		
		Living Room, Dining Room , Bedroom Furniture	\$1,500.00
□ No	nples: Televisions a including cel	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; musi I phones, cameras, media players, games	c collections; electronic devices
		TV, Cell Phone, Computer	\$800.00
Exan	other collect	I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coons, memorabilia, collectibles	oin, or baseball card collections;
Exan	musical instr	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canor	es and kayaks; carpentry tools;
■ No	s. Describe		
	mples: Pistols, rifle	s, shotguns, ammunition, and related equipment	
_ 10	o. Boombo	9 mm	\$200.00
■ No	mples: Everyday cl	othes, furs, leather coats, designer wear, shoes, accessories	
	mples: Everyday je	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem	s, gold, silver
		Jewelry, Earrings, Watch	\$300.00
Exa ■ No □ Ye	es. Describe		
■ No		d household items you did not already list, including any health aids you did not list formation	
		of all of your entries from Part 3, including any entries for pages you have attached number here	\$2,800.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured

Schedule A/B: Property Official Form 106A/B page 2

Deptor 1	Diane Lake			Case number (if k	nown)
					claims or exemptions.
☐ No		·	•	n a safe deposit box, and on hand when you file you	r petition
■ Yes.				Cash	\$25.00
•				certificates of deposit; shares in credit unions, broke the same institution, list each.	erage houses, and other similar
□ No ■ Yes.				Institution name:	
		17.1.	Checking/Savings	Navy Federal Credit Union	\$500.00
		17.2.	Savings/Checking	Michigan Education Credit Union	\$50.00
		17.3.	Checking/Savings	PNC Bank	\$2.00
Exam ■ No □ Yes.	aples: Bond funds	, investm	Institution or issuer name	ge firms, money market accounts :: d and unincorporated businesses, including an in	nterest in an I.I.C. partnership, and
	venture	tock and	interests in incorporate	d and unincorporated businesses, including an ii	merest in an LLC, partnership, and
	. Give specific in		about them me of entity:	% of ownership:	
Nego	tiable instrument	s include	personal checks, cashiers	e and non-negotiable instruments ' checks, promissory notes, and money orders. to someone by signing or delivering them.	
■ No	. Give specific inf	ormotion	about them		
— 103.	. Give specific ini		uer name:		
	ement or pension aples: Interests in			, thrift savings accounts, or other pension or profit-sh	naring plans
	. List each accou		tely. of account:	Institution name:	
Your		ed deposi	ts you have made so that	you may continue service or use from a company cutilities (electric, gas, water), telecommunications or	companies, or others
■ No	-			Institution name or individual:	
				Institution name or individual:	
23. Annui ■ No	ities (A contract f	or a perio	dic payment of money to	you, either for life or for a number of years)	
☐ Yes.	ls	ssuer nan	ne and description.		
	sts in an educati i.C. §§ 530(b)(1),			ed ABLE program, or under a qualified state tuition	on program.
	lr	nstitution	name and description. Se	parately file the records of any interests.11 U.S.C. § 5	521(c):
Official For	rm 106A/B		Sc	hedule A/B: Property	page 3

De	ebtor 1	Diane Lake		Case	e number (if known)	
25.	Trusts, ■ No	equitable or future interests in	property (other than anything listed	d in line 1), and rig	hts or powers exercise	able for your benefit
		Give specific information about th	em			
26.	Patents	s, copyrights, trademarks, trade	secrets, and other intellectual prop	perty		
	'	les: Internet domain names, webs	ites, proceeds from royalties and licer	nsing agreements		
	■ No □ Yes.	Give specific information about th	em			
27		es, franchises, and other genera				
۷,	_Examp		enses, cooperative association holding	gs, liquor licenses,	professional licenses	
	■ No	Give specific information about th	em			
			en			• • • • •
IVI	oney or p	property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you				·
	Yes.	Give specific information about the	em, including whether you already file	d the returns and th	e tax years	
			2018 Tax Refund			\$5,000.00
	■ No		y, spousal support, child support, mai	ntenance, divorce s	ettlement, property settl	ement
30.		mounts someone owes you les: Unpaid wages, disability insu benefits; unpaid loans you m	rance payments, disability benefits, sidade to someone else	ck pay, vacation pa	y, workers' compensation	on, Social Security
	■ No					
	☐ Yes.	Give specific information				
31.		ts in insurance policies bles: Health, disability, or life insura	ance; health savings account (HSA); c	credit, homeowner's	, or renter's insurance	
	■ No	Name the insurance company of e	each policy and list its value			
	□ 165.1	Company n		Beneficiary:		Surrender or refund
32.	If you a	erest in property that is due you are the beneficiary of a living trust, ne has died.	a from someone who has died expect proceeds from a life insurance	e policy, or are curre	ently entitled to receive p	value: property because
	■ No					
	☐ Yes.	Give specific information				
33.			or not you have filed a lawsuit or mattes, insurance claims, or rights to sue		payment	
	■ No	Describe each claim				
		Describe each claim			-	
34.	Other o	ontingent and unliquidated clai	ms of every nature, including coun	terclaims of the de	ebtor and rights to set	off claims
		Describe each claim				

Official Form 106A/B Schedule A/B: Property page 4

Deb	otor 1	Diane Lake		Case number (if known)	
35.	Any fin	ancial assets you did not already list			
	No				
	Yes.	Give specific information			
36.		he dollar value of all of your entries from Part 4, including art 4. Write that number here			\$5,577.00
Part	5: De:	scribe Any Business-Related Property You Own or Have an Intere	st In. List any real esta	ate in Part 1.	
37. C	o you o	own or have any legal or equitable interest in any business-related	d property?		
	No. Go	to Part 6.			
	Yes. G	So to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	Do you	own or have any legal or equitable interest in any farm- c	or commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes	. Go to line 47.			
Part	7.	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
		have other property of any kind you did not already list?			
	No				
	Yes.	Give specific information			
54.	Add t	he dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	l: Total real estate, line 2			\$0.00
		2: Total vehicles, line 5	\$1,500.00		
57.	Part 3	3: Total personal and household items, line 15	\$2,800.00		
		1: Total financial assets, line 36	\$5,577.00		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	5: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$9,877.00	Copy personal property t	otal \$9,877.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$9,877.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this inform	Fill in this information to identify your case:						
Debtor 1	Diane Lake						
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		EASTERN DISTRICT O	PF MICHIGAN				
Case number _				☐ Check if this is an amended filing			

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonban	S.C. § 522(b)(3)			
	■ You are claiming federal exemptions. 11	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Living Room, Dining Room, Bedroom Furniture	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	TV, Cell Phone, Computer Line from Schedule A/B: 7.1	\$800.00		\$800.00	11 U.S.C. § 522(d)(3)
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
	9 mm Line from Schedule A/B: 10.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(5)
	Line Irom Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
	Jewelry, Earrings, Watch Line from Schedule A/B: 12.1	\$300.00		\$300.00	11 U.S.C. § 522(d)(4)
	Line Irom Scriedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$25.00		\$25.00	11 U.S.C. § 522(d)(5)
	LINE HOTH SCHEUUIE AV.B. 10.1			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
	Checking/Savings: Navy Federal Credit Union	\$500.00	•	\$500.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	Savings/Checking: Michigan Education Credit Union	\$50.00		\$50.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
	Checking/Savings: PNC Bank Line from Schedule A/B: 17.3	\$2.00		\$2.00	11 U.S.C. § 522(d)(5)
				100% of fair market value, up to any applicable statutory limit	
	2018 Tax Refund Line from Schedule A/B: 28.1	\$5,000.00		\$5,000.00	11 U.S.C. § 522(d)(5)
	Ellie II olii ooliodale 702. 2011			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every No			led on or after the date of adjustme	nt.)
	☐ Yes. Did you acquire the property covered ☐ No	ed by the exemption wi	thin 1	,215 days before you filed this case	?

Fill in this informat	tion to identify you	r case:			
Debtor 1	Diane Lake				
_	First Name	Middle Name Last Name)		
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name	•		
United States Bankr	ruptcy Court for the:	EASTERN DISTRICT OF MICHIGAN			
Case number					
(if known)				☐ Check	if this is an
				ameno	ded filing
Official Form	106D				
Schedule D	: Creditors	Who Have Claims Secur	ed by Propert	У	12/15
		If two married people are filing together, both arout, number the entries, and attach it to this form			
1. Do any creditors ha	ve claims secured by	your property?			
☐ No. Check th	is box and submit th	nis form to the court with your other schedule	s. You have nothing else t	to report on this form.	
Yes. Fill in al	l of the information l	below.			
Part 1: List All S	Secured Claims				
2. List all secured cla	ims. If a creditor has r	nore than one secured claim, list the creditor separa		Column B	Column C
		a particular claim, list the other creditors in Part 2. cal order according to the creditor's name.	As Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Gm Financia	al	Describe the property that secures the claim:	\$5,660.00	\$1,500.00	\$4,160.00
Creditor's Name		2010 Chrysler Sebring			
		As of the date you file, the claim is: Check all that	_		
Po Box 1811 Arlington, T	-	apply.	•		
	ty, State & Zip Code	☐ Contingent ☐ Unliquidated			
rumber, offeet, on	ly, otate a zip oode	☐ Disputed			
Who owes the debt	? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage o	r secured		
Debtor 2 only		car loan)			
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lien	٦)		
At least one of the		☐ Judgment lien from a lawsuit			
Check if this clain community debt	n relates to a	Other (including a right to offset)			
Date debt was incurre	Opened 06/12 Last Active	Last 4 digits of account number 94	34		
Date dept was inculi	2/20/13	Last 4 digits of account number	<u>-</u>		
	-	olumn A on this page. Write that number here:	\$5,66	60.00	
If this is the last page Write that number h	• •	the dollar value totals from all pages.	\$5,66	60.00	
Part 2: List Other	s to Be Notified fo	r a Debt That You Already Listed			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

	this information to identify your case:				l	
Debtor						
Debtor		Aiddle Name	Last Name			
(Spouse		/liddle Name	Last Name			
United	States Bankruptcy Court for the: EAST	ERN DISTRICT OF MICH	HIGAN			
Case n	number					
(if known					☐ Check	if this is an
					amend	led filing
Offici	al Form 106E/F					
	edule E/F: Creditors Who H	ave Unsecured	Claims			12/15
Schedul Schedul left. Atta name an	cutory contracts or unexpired leases that coule G: Executory Contracts and Unexpired Leale D: Creditors Who Have Claims Secured by ach the Continuation Page to this page. If you ad case number (if known).	ses (Official Form 106G). D Property. If more space is i have no information to rep	o not include any cro needed, copy the Par	editors with partially s t you need, fill it out, i	ecured claims that a number the entries in	re listed in note the house on the
Part 1:	List All of Your PRIORITY Unsecured any creditors have priority unsecured claims					
_	No. Go to Part 2.	agamst your				
_	Yes.					
	rt 1. If more than one creditor holds a particular c or an explanation of each type of claim, see the in					
				Total claim	Priority amount	Nonpriority amount
2.1	IRS-Centralized Insolvency Operation Priority Creditor's Name	Last 4 digits of accoun	nt number 2775	**Total claim** \$6,579.00	•	
2.1	Operation Priority Creditor's Name P.O. Box 7346	Last 4 digits of accounty When was the debt inc			amount	amount
	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	When was the debt ind As of the date you file	curred?	\$6,579.00	amount	amount
w	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code //ho incurred the debt? Check one.	When was the debt inc	curred?	\$6,579.00	amount	amount
w	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code (ho incurred the debt? Check one.) Debtor 1 only	When was the debt ind As of the date you file	curred?	\$6,579.00	amount	amount
w	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code //ho incurred the debt? Check one.	When was the debt inc As of the date you file Contingent Unliquidated Disputed	curred? , the claim is: Check	\$6,579.00	amount	amount
w E	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code (ho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns	the claim is: Check	\$6,579.00	amount	amount
w E	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code //ho incurred the debt? Check one. Debtor 1 only Debtor 2 only	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of	the claim is: Check secured claim:	\$6,579.00 all that apply	amount	amount
w 	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code In incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of	curred? the claim is: Check secured claim: bligations ther debts you owe the	\$6,579.00 all that apply e government	amount	amount
w —	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code The incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset?	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of Taxes and certain of Claims for death or p	curred? the claim is: Check secured claim: bligations ther debts you owe the	\$6,579.00 all that apply e government	amount	amount
W C	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code In incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	When was the debt ind As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of Taxes and certain of Claims for death or p Other. Specify	curred? the claim is: Check secured claim: bligations ther debts you owe the	\$6,579.00 all that apply e government	amount	amount
w C C Is	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code The incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes	When was the debt ind As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of Taxes and certain of Claims for death or p Other. Specify Ba	the claim is: Check secured claim: bligations ther debts you owe the personal injury while you	\$6,579.00 all that apply e government	amount	amount
w I I I I I I I I I I I I I I I I I I I	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code The incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of Taxes and certain of Claims for death or possible of the continuous death or possi	the claim is: Check secured claim: bligations ther debts you owe the personal injury while you	\$6,579.00 all that apply e government	amount	amount
w I I I I I I I I I I I I I I I I I I I	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code The incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes List All of Your NONPRIORITY Unse	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of Taxes and certain of Claims for death or p Other. Specify Baccured Claims	the claim is: Check secured claim: bligations ther debts you owe the personal injury while you ck Taxes	\$6,579.00 all that apply e government	amount	amount
W Is Is Is Is In	Operation Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code The incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt the claim subject to offset? No Yes List All of Your NONPRIORITY Unse	When was the debt inc As of the date you file Contingent Unliquidated Disputed Type of PRIORITY uns Domestic support of Taxes and certain of Claims for death or p Other. Specify Baccured Claims	the claim is: Check secured claim: bligations ther debts you owe the personal injury while you ck Taxes	\$6,579.00 all that apply e government	amount	amount

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 22

Total claim

Accelerated Financial	Last 4 digits of account number	7018	\$946.0
Nonpriority Creditor's Name 25 Woods Lake Rd Ste 507	When was the debt incurred?	Opened 05/18	Ψ0.10.
Greenville, SC 29607			
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	an plane, and other similar debte	
■ No	·		
Yes	Other. Specify Collection	Attorney Tempoe LIC	
Acceptance Now	Last 4 digits of account number	1267	\$0.
Nonpriority Creditor's Name		Opened 12/15 Last Active	
5501 Headquarters Drive Plano, TX 75024	When was the debt incurred?	3/10/17	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
At least one of the debtors and another	Student loans	d claim:	
☐ Check if this claim is for a community debt	_	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aration agreement of arverse that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify Rental Agr	eement	
Acceptance Now	Last 4 digits of account number	1187	\$0.
Nonpriority Creditor's Name	_	One and 44/45 I and Antive	
5501 Headquarters Drive Plano, TX 75024	When was the debt incurred?	Opened 11/15 Last Active 3/01/17	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Student loans		
Check if this claim is for a community debt		aration agreement or divorce that you did not	
	☐ Obligations arising out of a separeport as priority claims ☐ Debts to pension or profit-sharing		

Debto	Diane Lake	Case number (if known)	
4.4	Afni, Inc. Nonpriority Creditor's Name	Last 4 digits of account number 0610	\$365.00
	Po Box 3097	When was the debt incurred? Opened 07/17	
	Bloomington, IL 61702 Number Street City State Zip Code	As of the data year file, the plainties Observed with the transless	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection Attorney Comcast	
	American Anesthesiology of		
4.5	Michigan, PC Nonpriority Creditor's Name	Last 4 digits of account number 1780	\$774.10
	PO Box 673116	When was the debt incurred?	
	Detroit, MI 48267-3116	As of the data year file, the plain in Check all that apply	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Collection	
4.6	American First Flnance	Last 4 divita of account number 7400	****
4.6	Nonpriority Creditor's Name	Last 4 digits of account number 7480	\$954.57
	Po Box 4115 Dept. 473	When was the debt incurred?	
	Concord, CA 94524	_	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Gardner White Furniture	
	□ res	Other. Specify Gardiner writte Furthfulle	

Debtor	Diane Lake		Case number (if known)					
4.7	American First Flnance Nonpriority Creditor's Name	Last 4 digits of account number	6581	\$2,213.70				
	Po Box 565848 Dallas, TX 75356	When was the debt incurred?	5/7/2018					
-	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply					
	Who incurred the debt? Check one.							
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not					
	■ No	Debts to pension or profit-sharin	ng plans, and other similar debts					
	☐ Yes	Other. Specify First Finance	ce					
.8	Ascendium	Last 4 digits of account number	7777	\$0.00				
	Nonpriority Creditor's Name			Ψοισσ				
	111000 Usa Prkwy Fishers, IN 46037	When was the debt incurred?	Opened 08/15 Last Active 5/09/16					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans	■ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims						
	■ No	Debts to pension or profit-sharin						
	☐Yes	Other. Specify						
	— 150		al 07 Deutsche Bank Elt Sim Trst					
.9	Ascendium	Last 4 digits of account number	7777	\$0.00				
	Nonpriority Creditor's Name 111000 Usa Prkwy	When was the debt incurred?	Opened 08/15 Last Active 5/09/16					
	Fishers, IN 46037	when was the dept incurred:	3/03/10					
•	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured						
	☐ Check if this claim is for a community debt	Student loans	and a second of the second sec					
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims						
	■ No	Debts to pension or profit-sharin						
	☐ Yes	☐ Other. Specify						
			al 07 Deutsche Bank Elt Slm Trst					

Diane Lake	Case number (if known)	
AT & T	Last 4 digits of account number	\$300.0
Nonpriority Creditor's Name PO Box 5014	When was the debt incurred?	
Carol Stream, IL 60197 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collection	
Binson Home Health Care Center	Last 4 digits of account number 23SP	\$340.00
Nonpriority Creditor's Name 26834 Lawrence Center Line, MI 48015-1262	When was the debt incurred? 08/10/2017	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Health Home Services	
Cach LLC	Last 4 digits of account number	Unknowr
Nonpriority Creditor's Name 370 17th Street Suite 5000	When was the debt incurred?	
Denver, CO 80202 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Collection	

Diane Lake		Case number (if known)	
Capital One	Last 4 digits of account number	4032	\$878.79
Nonpriority Creditor's Name Attn: General Correspondence PO Box 30285	When was the debt incurred?	10/15/2015	
Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	As of the date you me, the claim	s. Спеск ан тат арріу	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	4056	\$196.00
Po Box 30281 Salt Lake City, UT 84130	When was the debt incurred?	Opened 09/18 Last Active 2/19/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Comenity Bank/avenue	Last 4 digits of account number	3019	\$546.0
Nonpriority Creditor's Name Po Box 182789	When was the debt incurred?	Opened 02/12 Last Active 2/16/19	
Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	■ Other. Specify Charge Acc	count	

Debt	or 1 Diane Lake	Ca	se number (if known)	
4.1 6	Comenitybank/jesslondn Nonpriority Creditor's Name	Last 4 digits of account number	869	\$0.00
	Po Box 182789 Columbus, OH 43218		Opened 01/12 Last Active 1/12/15	
	Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured cl	oim.	
	At least one of the debtors and another	Student loans	ann.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	on agreement or divorce that you did not	
	No	Debts to pension or profit-sharing p	lans, and other similar debts	
	Yes	Other. Specify Charge Accou		
4.1	Commonwealth Financial	1 4 dinte - 4 9	7N1	\$177.00
7	Nonpriority Creditor's Name 245 Main Street		Dpened 08/18	\$177.00
	Scranton, PA 18519	_		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured cl	aim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separati report as priority claims	on agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing p	lans, and other similar debts	
	Yes	■ Other. Specify Hospital	orney Beaumont Royal Oak	
4.1 B	Commonwealth Financial	Last 4 digits of account number 8	6N1	\$78.00
	Nonpriority Creditor's Name 245 Main Street Scranton, PA 18519	When was the debt incurred?	Opened 08/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cl	aim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separati report as priority claims	on agreement or divorce that you did not	
	No	Debts to pension or profit-sharing p	lans, and other similar debts	
	Yes	Collection Att Other. Specify Hospital	orney Beaumont Royal Oak	

Diane Lake	Case number (if known)	
Congress Collection	Last 4 digits of account number 1339	\$40.00
Congress Collection Nonpriority Creditor's Name	Last 4 digits of account number 1339	Φ40.0 (
28552 Orchard Lake Road Farmington Hills, MI 48334	When was the debt incurred? Opened 05/14	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt	_	
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Collection Attorney Associated Endocrinologists P	
Credit Acceptance Corp	Last 4 digits of account number 9788	\$3,933.0
Nonpriority Creditor's Name	Opened 01/10 Last Active	
Po Box 513 Southfield, MI 48037	When was the debt incurred? 8/23/13	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Automobile	
Credit Acceptance Corporation	Last 4 digits of account number 70GC	\$4,763.5
Nonpriority Creditor's Name c/o Weber & Olcese, P.L.C. 3250 W. Big Beaver Rd Suite 124	When was the debt incurred?	
Troy, MI 48084 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
— NO		
□Yes	Garnishment disclosure Other. Specify Income Tax Refund debt	

Diane Lake			
Credit Management Lp	Last 4 digits of account number	4144	\$364.
Nonpriority Creditor's Name Po Box 118288 Carrollton, TX 75011	When was the debt incurred?	Opened 07/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Collection	Attorney Comcast Cable	
Credit Management Lp	Last 4 digits of account number	6691	\$236
Nonpriority Creditor's Name Po Box 118288 Carrollton, TX 75011	When was the debt incurred?	Opened 10/17	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Collection	Attorney Comcast Cable	
Dept Of Ed/582/nelnet	Last 4 digits of account number	9475	Unkno
Nonpriority Creditor's Name Po Box 173904 Denver, CO 80217	When was the debt incurred?	Opened 05/16 Last Active 08/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	Student loans		
debt		ration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
s the claim subject to offset?	Debts to pension or profit-sharin	g plans, and other similar debts	

Dr 1 Diane Lake		Case number (if known)	
Dept Of Ed/582/neInet Nonpriority Creditor's Name	Last 4 digits of account number	9575	Unknown
Po Box 173904 Denver, CO 80217	When was the debt incurred?	Opened 05/16 Last Active 08/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another		d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify		
	Educationa	ıl	
Dept Of Education/neln	Last 4 digits of account number	7975	\$18,159.00
121 S 13th St	When was the debt incurred?	Opened 05/16 Last Active 2/28/19	
	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	,		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify		
	Educationa	l	
Dept Of Education/neln	Last 4 digits of account number	7875	\$11,503.00
121 S 13th St	When was the debt incurred?	Opened 05/16 Last Active 2/28/19	
Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
<u> </u>	☐ Contingent		
_			
	_ `		
	•	d claim:	
_	Student loans		
debt		aration agreement or divorce that you did not	
-	<u></u>	g plans, and other similar debts	
	<u> </u>		
55		ıl	
	Dept Of Ed/582/nelnet Nonpriority Creditor's Name Po Box 173904 Denver, CO 80217 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Dept Of Education/neln Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Dept Of Education/neln Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Dept Of Ed/582/nelnet Nonpriority Creditor's Name Po Box 173904 Denver, CO 80217 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Loebtor 3 and Debtor 3 community debt Is the claim subject to offset? □ No □ Pebtor 6 Education/neln Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508 Number Street City State Zip Code Who incurred the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 sonly □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 1 sonly □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 and Debtor 2 only □ Debtor 4 only □ Debtor 5 Education/neln Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 conly □ Debtor 5 conly □ Debtor 6 Education/neln Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 contingent □ Uniquidated □ Disputed Type of NONPRIORITY unsecured □ Student loans □ Obligations arising out of a separation of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ No □ Postor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 contingent □ Uniquidated □ Disputed Type of NonPRIORITY unsecured □ Student loans □ Obligations arising out of a separation of the debtors and another □ Check if this claim is for a community debt Is the claim subj	Dept Of Ed/S82/nelnet Nonpriority Creditor's Name Po Box 173904 Denver, CO 80217 When was the debt incurred? As of the date you file, the claim is: Check all that apply Debtor 2 only Debtor 4 and Debtor 5 and another Check if this claim is for a community debt is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 5 Nonpriority Creditor's Name Debtor 1 only Debtor 6 Nonpriority Creditor's Name Debtor 1 only Debtor 8 Nonpriority Creditor's Name Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 land Debtor 2 only Debtor 4 land Debtor 2 only Debtor 4 land Debtor 2 only Debtor 5 only Debtor 6 land 5 land 6 land

Diane Lake		Case number (if known)	
Dept Of Education/neln	Last 4 digits of account number	2675	\$0.00
Nonpriority Creditor's Name 121 S 13th St Lincoln, NE 68508	When was the debt incurred?	Opened 5/09/16 Last Active 5/15/17	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Other. Specify		
	Educationa	ıl	
Dept Of Education/neln Nonpriority Creditor's Name	Last 4 digits of account number	2575	\$0.00
121 S 13th St Lincoln, NE 68508	When was the debt incurred?	Opened 5/09/16 Last Active 5/15/17	
lumber Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify		
	Educationa	ıl	
Detroit Water & Sewage Dept	Last 4 digits of account number	9301	\$1,333.00
Nonpriority Creditor's Name c/o Kilpatrick & Associates, P.C. 615 Griswold, Suite 1305	When was the debt incurred?		.,
Detroit, MI 48226 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	ng plans, and other similar debts	
☐ Yes	■ Other, Specify Collection		

Diane Lake		Case number (if known)	
DMC	Last 4 digits of account number	9091	\$75.00
Nonpriority Creditor's Name P O Box 830913 Birmingham, AL 35283	When was the debt incurred?	03/31/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Medical Bil	<u> </u>	
first credit Incorporated	Last 4 digits of account number	8275	\$200.25
Nonpriority Creditor's Name P.O BOX 630659 Cincinnati, OH 45263-0659	When was the debt incurred?	10/02/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Medical ser	rvices	
Frost-Arnett	Last 4 digits of account number	7251	\$3,473.18
Nonpriority Creditor's Name P.O. BOX 198988 Nashville, TN 37219-8988	When was the debt incurred?	1/19/2016	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?		ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Collection	Notice	

1 Diane Lake		Case number (if known)	
Henry Ford Hospital	Last 4 digits of account number	4854	\$151.80
Nonpriority Creditor's Name One Ford Place, Suite 1B Detroit, MI 48202	When was the debt incurred?	11/13/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify medical se	rvices	
HSN	Last 4 digits of account number	5533	\$33.30
Nonpriority Creditor's Name PO Box 9090	When was the debt incurred?	7/25/2018	
Clearwater, FL 33758 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	, i.e. e. i.i.e unio y en i.i.e, i.i.e eiaiii.	St. Chook an that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify HSN Collect	ctions Dept.	
Jefferson Capital Syst	Last 4 digits of account number	4003	\$939.00
Nonpriority Creditor's Name 16 Mcleland Rd Saint Cloud, MN 56303	When was the debt incurred?	Opened 04/16	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	ng plans, and other similar debts	
	·	Company Account Verizon	
☐ Yes	Other. Specify Wireless		

Debtor	1 Diane Lake		Case number (if known)	
4.3	L.J. Ross Associates, Inc	Last 4 digits of account number	4833	\$19.77
	Nonpriority Creditor's Name P.O. Box 6099 Jackson, MI 49204-6099	When was the debt incurred?	1/15/2019	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Henry Ford	Health System	
4.3	Michigan Education Cr Nonpriority Creditor's Name	Last 4 digits of account number	0482	\$658.00
	9200 N Haggerty Rd Plymouth, MI 48170	When was the debt incurred?	Opened 06/18 Last Active 2/01/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Unsecured		
4.3	Michigan Education Cr Nonpriority Creditor's Name	Last 4 digits of account number	7339	\$101.00
	9200 N Haggerty Rd Plymouth, MI 48170	When was the debt incurred?	Opened 04/15 Last Active 2/01/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Check Cred	dit Or Line Of Credit	

Diane Lake		Case number (if known)	
Michigan Education Cr	Last 4 digits of account number	3407	\$0.0
Nonpriority Creditor's Name 9200 N Haggerty Rd Plymouth, MI 48170	When was the debt incurred?	Opened 11/15 Last Active 4/06/16	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Unsecured		
Michigan Education Cr Nonpriority Creditor's Name	Last 4 digits of account number	7682	\$0.0
9200 N Haggerty Rd Plymouth, MI 48170	When was the debt incurred?	Opened 04/12 Last Active 2/12/14	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharin		
Yes	Other. Specify Check Cred	dit Or Line Of Credit	
Michigan Education Cr Nonpriority Creditor's Name	Last 4 digits of account number	0046	\$0.0
9200 N Haggerty Rd Plymouth, MI 48170	When was the debt incurred?	Opened 03/17 Last Active 6/15/18	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Unsecured		

Schedule E/F: Creditors Who Have Unsecured Claims

Page 15 of 22

Diane Lake		Case number (if known)	
Michigan Education Cr Nonpriority Creditor's Name	Last 4 digits of account number	6168	\$0.0
0200 N Haggerty Rd Plymouth, MI 48170	When was the debt incurred?	Opened 04/16 Last Active 3/03/17	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only			
_	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	l claim:	
At least one of the debtors and another	Student loans	i Claiiii.	
☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	■ Other. Specify Unsecured		
Michigan First Cu	Last 4 digits of account number	1175	\$0.0
Nonpriority Creditor's Name	_	On and 5/05/05 Lead Asting	
27000 Evergreen Rd Southfield, MI 48076	When was the debt incurred?	Opened 5/05/05 Last Active 1/19/10	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	■ Other. Specify Credit Card	<u> </u>	
Michigan First Cu	Last 4 digits of account number	0005	\$0.0
Nonpriority Creditor's Name	_		
27000 Evergreen Rd Southfield, MI 48076	When was the debt incurred?	Opened 04/08 Last Active 1/15/10	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
□ Yes	■ Other. Specify Unsecured		

Diane Lake	Case number (if known)		
Midwest Receivable Sol	Last 4 digits of account number	0983	\$910.00
Nonpriority Creditor's Name 2323 Gull Road Kalamazoo, MI 49048	When was the debt incurred?	Opened 04/15	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans		
☐ Check if this claim is for a community			
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims		
No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐Yes	Other. Specify Conters	Attorney Binson S Home Health	
Monterey Financial Svc Nonpriority Creditor's Name	Last 4 digits of account number	7466	\$0.00
4095 Avenida De La Plata Oceanside, CA 92056	When was the debt incurred?	Opened 02/16 Last Active 2/23/17	
lumber Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Lease		
Montgomery Ward	Last 4 digits of account number	4290	\$0.00
Nonpriority Creditor's Name 1112 7th Ave Monroe, WI 53566	When was the debt incurred?	Opened 10/19/12 Last Active 4/06/15	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	■ Other. Specify Charge Account		

Diane Lake Case number (if known)		Case number (if known)		
Navient	Last 4 digits of account number	0629	Unknown	
Nonpriority Creditor's Name				
Po Box 9500 Wilkes Barre, PA 18773	When was the debt incurred?	Opened 06/06 Last Active 8/18/15		
Number Street City State Zip Code	As of the date you file, the claim i			
Who incurred the debt? Check one.				
■ Debtor 1 only	☐ Contingent			
☐ Debtor 2 only	☐ Unliquidated			
☐ Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured			
☐ Check if this claim is for a community	■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
debt Is the claim subject to offset?				
■ No	Debts to pension or profit-sharing	\square Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify			
	Educationa	l		
Oakwood Heritage Hospital	Last 4 digits of account number	2050	\$100.00	
Nonpriority Creditor's Name Dept. 249001 PO Box 670000	When was the debt incurred?	9/08/2018		
Detroit, MI 48267	_			
Number Street City State Zip Code	As of the date you file, the claim			
Who incurred the debt? Check one.	_			
Debtor 1 only	Contingent			
Debtor 2 only	Unliquidated			
Debtor 1 and Debtor 2 only	 ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
At least one of the debtors and another				
☐ Check if this claim is for a community debt				
ls the claim subject to offset?				
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
☐ Yes	■ Other. Specify medical Bill			
Devemount Decement Size		0241	¢400.00	
Paramount Recovery Sys Nonpriority Creditor's Name	Last 4 digits of account number	<u></u>	\$100.00	
Po Box 23369	When was the debt incurred?	Opened 08/18		
Waco, TX 76702 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
Who incurred the debt? Check one.	, and just me, me ending			
■ Debtor 1 only	☐ Contingent			
Debtor 2 only	☐ Unliquidated			
Debtor 1 and Debtor 2 only	☐ Disputed			
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
☐ Check if this claim is for a community	☐ Student loans			
debt	\square Obligations arising out of a separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims			
No	Debts to pension or profit-sharing			
☐ Yes	Collection Attorney Beaumont Royal Oak Other. Specify Hosp			

Progressive Leasing	Last 4 digits of account number 5221	\$2,156.9
Nonpriority Creditor's Name 256 Data Dr. Draper, UT 84020	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify art van furntirue	
Rmp Services	Last 4 digits of account number 1150	\$60.0
Nonpriority Creditor's Name		
8155 Executive Court Lansing, MI 48917	When was the debt incurred? Opened 03/14	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Collection Attorney Independent Emergency Physicia	
St. Mary Mercy Hospital	Last 4 digits of account number 8275	\$267.0
Nonpriority Creditor's Name P.O. BOX 776478 Chicago, IL 60670	When was the debt incurred? 12/05/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_	По и	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
☐ Check if this claim is for a community debt sthe claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify medical services	

1 Diane Lake		Case number (if known)	
Td Bank Usa/targetcred	Last 4 digits of account number	3977	\$381.00
Nonpriority Creditor's Name	_	On an ad 00/40 Local Action	
Po Box 673 Minneapolis, MN 55440	When was the debt incurred?	Opened 02/12 Last Active 2/16/19	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	d	
Truegreen	Last 4 digits of account number	7808	\$129.00
Nonpriority Creditor's Name P. O. BOX 9001128	When was the debt incurred?	6/8/2017	
Louisville, KY 40290-1128 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	■ Other. Specify Home Serv	rice Bill	
Water and Sewage Dept	Local A distinct of account number	9301	\$1,439.17
Nonpriority Creditor's Name P.O. BOX 32711	Last 4 digits of account number When was the debt incurred?	7/3/2018	ψ1,400.17
Detroit, MI 48232	_		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
\square Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	Other. Specify Utility Bill		

Debtor 1	Diane Lal	ке		Case nu	umber (if known)				
·	Webbank/fi	•	Last 4 digits of account number	2847	<u> </u>	\$0.00			
	6250 Ridge Saint Cloud		When was the debt incurred?	Oper 3/25/	ned 01/12 Last Active 14				
1	Number Street (City State Zip Code the debt? Check one.	As of the date you file, the clain	n is: Check	call that apply				
1	Debtor 1 onl	у	☐ Contingent						
ı	Debtor 2 onl	v	☐ Unliquidated						
ı	Debtor 1 and	d Debtor 2 only	_ `	☐ Disputed					
_		of the debtors and another	Type of NONPRIORITY unsecur	ed claim:					
		s claim is for a community	☐ Student loans						
	debt	o olami io ioi a oominami,	Obligations arising out of a sep	paration ag	greement or divorce that you did not				
		bject to offset?	report as priority claims						
I	■ No		Debts to pension or profit-shar	ing plans,	and other similar debts				
ļ	☐ Yes		Other. Specify Charge Ac	ccount					
Part 3:	List Others	s to Be Notified About a De	ebt That You Already Listed						
is trying have m	g to collect fro ore than one c	m you for a debt you owe to s	omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad	in Parts 1	dy listed in Parts 1 or 2. For example, if a or 2, then list the collection agency here editors here. If you do not have addition	. Similarly, if you			
	d Address		On which entry in Part 1 or Part 2 did yo	ou list the o	original creditor?				
	an Anesthe	siology of	Line <u>4.33</u> of (<i>Check one</i>):	☐ Part 1:	Creditors with Priority Unsecured Claims				
Michiga	an, PC x 673116			Part 2:	Creditors with Nonpriority Unsecured Claim	S			
-	, MI 48267-3	3116							
	,		Last 4 digits of account number	72	251				
Midlan	d Address d Funding			☐ Part 1:	Creditors with Priority Unsecured Claims				
8875 A	00	100		Part 2:	Creditors with Nonpriority Unsecured Claim	S			
San Die	ego, CA 921	123	Last 4 digits of account number	40	032				
Name and	d Address		On which entry in Part 1 or Part 2 did you Line 4.54 of (<i>Check one</i>):		original creditor? Creditors with Priority Unsecured Claims				
	x 99400			_	•				
	ille, KY 402	69	'	Part 2:	Creditors with Nonpriority Unsecured Claim	S			
			Last 4 digits of account number	82	275				
Part 4:	Add the Ar	mounts for Each Type of U	nsecured Claim						
	ne amounts of unsecured cla		aims. This information is for statistical	reporting	purposes only. 28 U.S.C. §159. Add the	amounts for each			
	_	Demonstration of the state of t	_	_	Total Claim				
T	6a. otal	Domestic support obligation	IS	6a.	\$				
clai	ims								
from Pa		Taxes and certain other deb		6b.	\$ 6,579.00				
	6c. 6d.	•	I injury while you were intoxicated secured claims. Write that amount here.	6c. 6d.	\$ <u>0.00</u> \$ 0.00				
	ou.	Chief Add all other phonty di	secured claims. Write that amount here.	ou.	\$				
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$				
					Total Claim				
T	6f. otal	Student loans		6f.	\$ 29,662.00				
clai	ims								
from Pa	r t 2 6g.	Obligations arising out of a you did not report as priority	separation agreement or divorce that	6g.	\$ 0.00				
	6h.		haring plans, and other similar debts	6h.	\$ 0.00				

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Diane Lake

Case number (if known)

 Other. Add all other nonpriority unsecured claims. Write that amount here.

\$ 29,633.15

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **59,295.15**

Fill in this infor	mation to identify your	case:			
Debtor 1	Diane Lake				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case number (if known)				П	Check if this is an
				_	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Olato	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4	Oity		Olate	Zii Code	
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Debtor 1	Diane Lake				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	EASTERN DISTRICT O	OF MICHIGAN		
Case numbe	r				
(if known)					Check if this is an amended filing
Codebtors ar	ing together, both are equ	re also liable for any del ally responsible for sup	plying correct informa	tion. If more space is ne	12/15 te as possible. If two married eeded, copy the Additional Page of any Additional Pages, write
our name a	nd case number (if known)). Answer every question	1.		
1. DO 90	u nave any codebiors: (II	you are ming a joint case,	do not list eltrier spouse	as a codebior.	
■ No □ Yes					
	n the last 8 years, have you California, Idaho, Louisiana,				states and territories include
_		, ,	, ,	,	
	o to line 3. Did your spouse, former spor	use, or legal equivalent liv	e with you at the time?		
_ 100.1	ora your opouco, ronnor opou	aco, or logar oquivalent iiv	o man you at ano anno.		
in line 2	again as a codebtor only i 6D), Schedule E/F (Official	if that person is a guarar	ntor or cosigner. Make	sure you have listed th	with you. List the person show e creditor on Schedule D (Officia Schedule E/F, or Schedule G to f
	blumn 1: Your codebtor ne, Number, Street, City, State and Z	IP Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	1
Na	me			☐ Schedule E/F, line	·
				☐ Schedule G, line	÷
Nu Cit	mber Street y	State	ZIP Code	_	
				☐ Schedule D, line	1
1321					•
3.2 Na	me			☐ Schedule E/F, lii	ne
	me			☐ Schedule E/F, line ☐ Schedule G, line	
Na	mber Street	State	ZIP Code		

						•				
	in this information to identify you									
		ike			_					
	otor 2 buse, if filing)				_					
Uni	ted States Bankruptcy Court for	r the: EASTERN DISTRICT	F OF MICHIGAN							
	se number		_				k if this is			
(11 K1	iowiij						n amende supplem	•	g postpetition	chapter
									ollowing date:	
	fficial Form 106l					M	IM / DD/ \	YYYY		
	chedule I: Your II									12/15
atta Par	use. If you are separated and ch a separate sheet to this fo	rm. On the top of any addit								
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than one job attach a separate page with	Employment status	■ Employed				☐ Empl	-		
	information about additional employers.		☐ Not employed				⊔ Not e	employed		
		Occupation	Retired							
	Include part-time, seasonal, c self-employed work.	Employer's name								
	Occupation may include stude or homemaker, if it applies.	ent Employer's address								
		How long employed t	there?							
Par	t 2: Give Details About	Monthly Income								
spou If yo	mate monthly income as of the use unless you are separated. The or your non-filing spouse have a space, attach a separate sheet	e more than one employer, c			•	•		·	·	J
						For Deb	otor 1		btor 2 or ing spouse	
2.	List monthly gross wages, deductions). If not paid mont			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly o	vertime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Ad	dd line 2 + line 3.		4.	\$		0.00	\$	N/A	

				For	Debtor 1		Debtor 2 or n-filing spouse	
	Сору	y line 4 here	4.	\$	0.00	\$	N/A	
5.	l ist :	all payroll deductions:				_		
J.		Tax, Medicare, and Social Security deductions	E o	\$	0.00	¢	NI/A	
	5a. 5b.	Mandatory contributions for retirement plans	5a. 5b.	\$ 	0.00	\$_ \$	N/A N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$ 	0.00	\$ _	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$—	0.00	\$ -	N/A	
	5e.	Insurance	5e.	\$ _	0.00	\$ -	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	φ_	N/A	
	5g.	Union dues	5g.	\$ -	0.00	\$-	N/A	
	5g. 5h.	Other deductions. Specify:	5h.+	\$ _	0.00		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$ \$	0.00	·	N/A	
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	* \$	N/A	
8.				· —		· —	1471	
ο.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$_	0.00	\$_	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	1,100.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Assistance	e 8f.	\$	380.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	825.00	\$_	N/A	
	8h.	Other monthly income. Specify: Dept of Social Services (Care Giving)	8h.+	\$		+ \$_	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,275.00	\$_	N/A	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$;	3,275.00 + \$_		N/A = \$3	3,275.00
11.	Include other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not sify:	depend	,		•	Schedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaes					12. \$3	3,275.00
13.	Do v	ou expect an increase or decrease within the year after you file this form	?				Combine monthly	
		No.						
		Yes. Explain:						

	in this informs	diam to inlandife				Ī		
FIII	in this informa	ition to identify yo	our case:					
Deb	tor 1	Diane Lake					k if this is:	
Deb	tor 2						An amended filing	ving postpetition chapter
1	ouse, if filing)						13 expenses as of	
Unit	ed States Bankr	ruptcy Court for the	EASTE	RN DISTRICT OF MICHIG	AN	_	MM / DD / YYYY	
	e number							
L`								
		rm 106J						
		J: Your						12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this to n.				
Pari	t 1: Descr Is this a joir	ribe Your House nt case?	ehold					
	No. Go to		in a sonar	ete household?				
	□ 103. D00		iii a sepair	ate nousenoid:				
	=	-	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								□ No □ Yes
3.	Do vour ext	oenses include	_					⊔ Yes
٥.		f people other t	han	No				
	yourself and	d your depende	ents? ⊔	Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Expenses				
Est exp	imate your ex	cpenses as of y	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
the	value of sucl	h assistance an		government assistance it luded it on Schedule I: Y			Vauravn	
(Off	ficial Form 10)6l.)					Your exp	enses
4.		or home owners and any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. \$		900.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
	•	rty, homeowner's				4b. \$		0.00
				pkeep expenses		4c. \$		0.00
_		owner's associat				4d. \$		0.00
5.	Additional r	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5. \$		0.00

Schedule J: Your Expenses 19-45309-mar Doc 1 Filed 04/08/19 Entered 04/08/19 15:27:13 Page 45 of 67 Official Form 106J

Official Form 106J Schedule J: Your Expenses page 2

Debtor 1	Diane Lake					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
	nkruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case number (if known)						Ohaalaif thia ia aa
ii Kilowii)					. –	Check if this is an amended filing
Official Form		an Individual	Debtor's Sch	adulas		4044
Jeciai ati	on About 8	an mulviduai	Depioi 3 3ci	edules		12/15
•			nsible for supplying correct or amended schedules. N		atement. cond	cealing property, or
You must file this obtaining money ears, or both. 18 Sign Did you pay	form whenever you fi or property by fraud i U.S.C. §§ 152, 1341, 1	ile bankruptcy schedules n connection with a bank 1519, and 3571.	or amended schedules. Natural result in f	laking a false sta ines up to \$250,		
You must file this obtaining money ears, or both. 18 Sign Did you pay	form whenever you for property by fraud is U.S.C. §§ 152, 1341, for the Below	ile bankruptcy schedules n connection with a bank 1519, and 3571.	or amended schedules. Nature of the control of the	laking a false sta ines up to \$250, lkruptcy forms?	000, or impris	sonment for up to 20
You must file this obtaining money ears, or both. 18 Sign Did you pay	form whenever you fi or property by fraud i U.S.C. §§ 152, 1341, 1	ile bankruptcy schedules n connection with a bank 1519, and 3571.	or amended schedules. Nature of the control of the	laking a false sta ines up to \$250, ekruptcy forms?	000, or impris	
ou must file this btaining money ears, or both. 18 Sign Did you pay No Yes. No	form whenever you for property by fraud is U.S.C. §§ 152, 1341, 1 Below or agree to pay some	ile bankruptcy schedules n connection with a bank 1519, and 3571.	or amended schedules. Nature of the control of the	laking a false sta ines up to \$250, ekruptcy forms? Attach Ba Declaration	000, or impris	sonment for up to 20
ou must file this btaining money ears, or both. 18 Sign Did you pay No Yes. No	s form whenever you for property by fraud is U.S.C. §§ 152, 1341, 12 Below or agree to pay some ame of person ty of perjury, I declare true and correct.	ile bankruptcy schedules n connection with a bank 1519, and 3571.	or amended schedules. We cruptcy case can result in factors and the control of th	aking a false staines up to \$250, kruptcy forms? Attach Ba Declaration	000, or impris	sonment for up to 20
ou must file this btaining money ears, or both. 18 Sign Did you pay No Yes. No Under penalt that they are X /s/ Dian Diane L	form whenever you for property by fraud is U.S.C. §§ 152, 1341, 128 Below Tor agree to pay some ame of person ty of perjury, I declare true and correct. The Lake	ile bankruptcy schedules n connection with a bank 1519, and 3571.	or amended schedules. No cruptcy case can result in factors and the control of th	aking a false staines up to \$250, kruptcy forms? Attach Ba Declaration	000, or impris	sonment for up to 20

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in	this information to identify yo	our case:			
Debtor	Diane Lake First Name	Middle Name	Last Name		
Debtor (Spouse		Middle Name	Last Name		
United	States Bankruptcy Court for th	e: EASTERN DISTRICT OF	MICHIGAN		
Case r	number 			_	Check if this is an amended filing
State Be as coinforma	complete and accurate as pos	I Affairs for Individual saible. If two married people and, attach a separate sheet to destion.	are filing together, both are	equally responsible for sup	
Part 1:	Give Details About Your	Marital Status and Where You	Lived Before		
1. W	hat is your current marital sta	atus?			
□	Married Not married				
2. Dı	uring the last 3 years, have yo	ou lived anywhere other than	where you live now?		
	No Yes. List all of the places yo	u lived in the last 3 years. Do no	ot include where you live nov	<i>ı</i> .	
D	ebtor 1 Prior Address:	Dates Debtor 1	Debtor 2 Prior Ac	dress:	Dates Debtor 2
	and territories include Arizona, (ever live with a spouse or leg California, Idaho, Louisiana, Ne Schedule H: Your Codebtors (O	vada, New Mexico, Puerto R		
Part 2	Explain the Sources of Y	our Income			
Fil	I in the total amount of income you are filing a joint case and you	employment or from operating you received from all jobs and a sou have income that you receive	all businesses, including part	time activities.	ndar years?
■	No Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	st calendar year: ary 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$23,194.00	☐ Wages, commissions, bonuses, tips	
		Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Debtor 1 Diane Lake		Case	e number (if known)	
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco	
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$25,703.00	☐ Wages, comm bonuses, tips	nissions,
	☐ Operating a business		Operating a but	usiness
5. Did you receive any other income Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint case List each source and the gross income No Yes. Fill in the details.	ner that income is taxable. Expensions; rental income; intelse and you have income that	amples of other income are a rest; dividends; money collectyou received together, list it of the collectyou received together.	ted from lawsuits; ro only once under Deb	oyalties; and gambling and lottery otor 1.
	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inco Describe below.	me Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security	\$4,400.00		
	Food Stamps	\$1,520.00		
	Pension/Annuity	\$3,300.00		
	Home Health Care Provider	\$3,880.00		
Part 3: List Certain Payments You	Made Before You Filed for	Bankruptcy		
	•	u <mark>mer debts.</mark> Consumer debts	s are defined in 11 L	J.S.C. § 101(8) as "incurred by an
During the 90 days befo	ore you filed for bankruptcy, di	id you pay any creditor a tota	I of \$6,825* or more	?
No. Go to line 7	7 .			
paid that cr not include		nts for domestic support oblig his bankruptcy case.	ations, such as chile	nents and the total amount you d support and alimony. Also, do adjustment.
	or both have primarily consu ore you filed for bankruptcy, di		I of \$600 or more?	
■ No. Go to line 7	7 .			
include pay	each creditor to whom you pa vments for domestic support o r this bankruptcy case.			ou paid that creditor. Do not so, do not include payments to an
Creditor's Name and Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this payment for

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen a control, or owner of 20% o	eral partners; partners r more of their voting	erships of which yo g securities; and a	u are a genera ny managing a	I partner; corporations gent, including one for
	■ No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	■ No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include credi	this payment itor's name
Pai	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
	modifications, and contract disputes. ☐ No ☐ Yes. Fill in the details. Case title	Nature of the case	Court or agency		Status of the	e case
	Case number	Nature of the case	Court or agency		Status of the sase	
	CACH LLC V Diane Lake 18166411	Collection	36th District Co 421 Madison A Detroit, MI 482	venue	☐ Pending ☐ On appea ☐ Conclude	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Evaloin what happened				property
	Credit Acceptance	Explain what happened State Tax Garn		03/2/	5/20119	\$1,271.00
	25505 W 12 Mile Rd Southfield, MI 48034	☐ Property was reposse☐ Property was foreclos	ossessed. closed.		Ψ1,271.00	
		Property was garnish				
		☐ Property was attached	d, seized or levied.			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details.		luding a bank or fir	nancial institution	ı, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
				taker		

Case number (if known)

Official Form 107

Debtor 1 Diane Lake

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Del	otor 1	Diane Lake		Case number	er (if known)	
12.		n 1 year before you filed for bankru appointed receiver, a custodian, o		ras any of your property in the possession of an er official?	n assignee for the ben	efit of creditors, a
	_	do Yes				
Par	t 5:	List Certain Gifts and Contribution	ıs			
13.	■ N □ Y Gifts	No Yes. Fill in the details for each gift. with a total value of more than \$60		did you give any gifts with a total value of more Describe the gifts	Dates you gave	? Value
		erson on to Whom You Gave the Gift and ess:			the gifts	
14.	Withir			did you give any gifts or contributions with a to	tal value of more than	\$600 to any charity?
	Gifts more Char	or contributions to charities that to than \$600 ity's Name ess (Number, Street, City, State and ZIP Code	otal	Describe what you contributed	Dates you contributed	Value
Par	t 6:	List Certain Losses				
15.		n 1 year before you filed for bankru mbling?	ptcy or	since you filed for bankruptcy, did you lose an	ything because of the	ft, fire, other disaster,
		No				
	□ Y	es. Fill in the details.				
		ribe the property you lost and the loss occurred	Include	ibe any insurance coverage for the loss the amount that insurance has paid. List pending the claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers				
	Withir	n 1 year before you filed for bankru ulted about seeking bankruptcy or	ptcy, di prepari	id you or anyone else acting on your behalf paying a bankruptcy petition? rs, or credit counseling agencies for services requir	, , ,	rty to anyone you
		No				
	Y	es. Fill in the details.				
	Addr Emai	on Who Was Paid ess il or website address on Who Made the Payment, if Not Y	ou′	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	The	Zak MAhdi Law Group		Attorney Fee		\$750.00
	Sum	mit Financial Eduacation		Credit COunseling		\$14.95

Debtor 1 Diane Lake Case number (if known)

17.	promised to help you deal with your creditors Do not include any payment or transfer that you li No	·			ty to anyone who		
	Yes. Fill in the details. Person Who Was Paid Address	Description and va	alue of any prop	erty	Date payment or transfer was made	Amount of payment	
 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than partners. Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 							
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			any property or received or debts schange	Date transfer was made	
19.	 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. 						
	Name of trust Description and value of the property transferred					Date Transfer was made	
Pa r 20.	List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
	■ No □ Yes. Fill in the details.						
		ast 4 digits of ccount number	Type of accour instrument	clo mo	ate account was osed, sold, oved, or ansferred	Last balance before closing or transfer	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	ar before you filed for	bankruptcy, any	/ safe deposi	it box or other deposi	tory for securities,	
	☐ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?	
State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankru No Yes. Fill in the details.				ou filed for bankruptc	y?		
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

Debtor 1 Diane Lake Case number (if known)

Par	rt 9: Identify Property You Hold or Control	for Someone Else			
23.	Do you hold or control any property that so for someone.	meone else owns? Include any proper	rty yo	ou borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	scribe the property	Value
Par	art 10: Give Details About Environmental Info	ormation			
For	the purpose of Part 10, the following definiti	ons apply:			
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of these	he air, land, soil, surface water, ground	_	•	
	Site means any location, facility, or property to own, operate, or utilize it, including dispose	•	law,	whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an env hazardous material, pollutant, contaminant,		s was	ste, hazardous substance, toxic s	substance,
Rep	port all notices, releases, and proceedings the	at you know about, regardless of wher	n the	y occurred.	
24.	Has any governmental unit notified you that	t you may be liable or potentially liable	und	ler or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adn	ninistrative proceeding under any envi	ironr	nental law? Include settlements a	and orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case
Par	rt 11: Give Details About Your Business or	Connections to Any Business			
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have ar	ny of	the following connections to any	business?
	☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	, eith	er full-time or part-time	
	☐ A member of a limited liability comp	pany (LLC) or limited liability partnersh	ip (L	LP)	
	☐ A partner in a partnership —				
	☐ An officer, director, or managing ex	·			
	☐ An owner of at least 5% of the votin	g or equity securities of a corporation			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

De	otor 1 Diane Lake	Ca	se number (if known)
	No. None of the above applies. Go to I	Part 12.	
	☐ Yes. Check all that apply above and fill	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
		-	Dates business existed
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	tcy, did you give a financial statement to ar	nyone about your business? Include all financial
	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pal	t 12: Sign Below		
are with		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
/s/	Diane Lake		
	ane Lake Inature of Debtor 1	Signature of Debtor 2	
Da	te April 8, 2019	Date	
Did	you attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
	**		
Did ■ N	you pay or agree to pay someone who is no	t an attorney to help you fill out bankruptc	y forms?
	es. Name of Person Attach the Bankru	uptcy Petition Preparer's Notice, Declaration, a	and Signature (Official Form 119).

United States Bankruptcy Court

		Eastern District of Wilcingan		
In re	Diane		Case No.	
		Debtor(s)	Chapter	7
		STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)		
	The un	dersigned, pursuant to F.R.Bankr.P. 2016(b), states that:		
l.	The un	dersigned is the attorney for the Debtor(s) in this case.		
2.	The cor	mpensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check of	one]	
	[X]	FLAT FEE	•	
	A.	For legal services rendered in contemplation of and in connection with this case, exclusive of the filing fee paid		750.00
	В.	Prior to filing this statement, received		750.00
	C.	The unpaid balance due and payable is		0.00
	[]	RETAINER		
	A.	Amount of retainer received		
	B.	The undersigned shall bill against the retainer at an hourly rate of \$ [Or attagreed to pay all Court approved fees and expenses exceeding the amount of the retainer at an hourly rate of \$		urly rate schedule.] Debtor(s) have
3.	\$ <u>0.0</u>	0 of the filing fee has been paid.		
1.		n for the above-disclosed fee, I have agreed to render legal service for all aspects of t not apply.]	service for all aspects of the bankruptcy case, including: [Cross out any	
	A.	Analysis of the debtor's financial situation, and rendering advice to the debtor in debankruptcy;	etermining v	whether to file a petition in
	B. C.	Preparation and filing of any petition, schedules, statement of affairs and plan which Representation of the debtor at the meeting of creditors and confirmation hearing,	and any adj	ourned hearings thereof;
	D. ——	 Representation of the debtor in adversary proceedings and other contested bankrup Reaffirmations; 	otcy matters	,
	F. —	— Redemptions;		
	G.	Other:		
5.	By agre	This fee does NOT include any out of pocket expenses that were paid reimbursed to firm, such as pulling credit reports (\$23 for single and include costs that this Debtor(s) paid directly, such as their Credit Co \$50 for preparation of affidavits for Debtor(s); and this Debtor will pay any reaffirmation agreements that they want us to review and fill out foreditor. Also not included in this fee is the Firms effort to retrieve any monies debtor. For that, the law firm charges a contingency fee of 50% of what Firm agrees to make whatever effort necessary to retrieve those fundacontacting creditor, sending demand letter, and filing an adversary predelay return of such funds. The firm also charges an additional \$ 150.00 per adjourned 341 hearing	on behalf \$46 for join unseling f an extra s for them, a that may that may atever fund s including oceeding	nt). This fee also doesn't ees. We also charge an extra \$95 after the case is filed for and then mail out to the have been garnished from the ds are retrieved. In return, g, but not limited to,
í	The so	arce of payments to the undersigned was from:	J-	
<i>,</i> .	A. B.	Debtor(s)' earnings, wages, compensation for services performed Other (describe, including the identity of payor)	d	

7.	The undersigned has not shared or agreed to share corporation, any compensation paid or to be paid	e, with any other person, other than with members of the undersigned's law firm or except as follows:
Dated:	April 8, 2019	/s/ Zak M. Mahdi
		Attorney for the Debtor(s)
		Zak M. Mahdi p70728
		The Zak Mahdi Law Firm, PC
		1 Parklane Blvd
		Suite 729 East
		Dearborn, MI 48126
		3138466400 zak@mahdilawgroup.com
Agreed:	/s/ Diane Lake	
	Diane Lake	
	Debtor	Debtor

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans.

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

In re	Diane Lake		Case No.	
		Debtor(s)	Chapter	7
	VFR	RIFICATION OF CREDITOR	MATRIX	
	VER	differention of execution	11/1/11/11/12	
The abo	ove-named Debtor hereby verifies	s that the attached list of creditors is true and	correct to the best	of his/her knowledge.
Date:	April 8, 2019	/s/ Diane Lake		

Signature of Debtor

Accelerated Financial 25 Woods Lake Rd Ste 507 Greenville, SC 29607

Acceptance Now 5501 Headquarters Drive Plano, TX 75024

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Afni, Inc. Po Box 3097 Bloomington, IL 61702

American Anesthesiology of Michigan, PC PO Box 673116 Detroit, MI 48267-3116

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American First FInance Po Box 4115 Dept. 473 Concord, CA 94524

American First FInance Po Box 565848 Dallas, TX 75356

Ascendium 111000 Usa Prkwy Fishers, IN 46037

Ascendium 111000 Usa Prkwy Fishers, IN 46037

AT & T PO Box 5014 Carol Stream, IL 60197 Binson Home Health Care Center 26834 Lawrence Center Line, MI 48015-1262

Cach LLC 370 17th Street Suite 5000 Denver, CO 80202

Capital One Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130

Capital One Bank Usa N Po Box 30281 Salt Lake City, UT 84130

Comenity Bank/avenue Po Box 182789 Columbus, OH 43218

Comenitybank/jesslondn Po Box 182789 Columbus, OH 43218

Commonwealth Financial 245 Main Street Scranton, PA 18519

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Congress Collection 28552 Orchard Lake Road Farmington Hills, MI 48334

Credit Acceptance Corp Po Box 513 Southfield, MI 48037 Credit Acceptance Corporation c/o Weber & Olcese, P.L.C. 3250 W. Big Beaver Rd Suite 124 Troy, MI 48084

Credit Management Lp Po Box 118288 Carrollton, TX 75011

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Dept Of Ed/582/nelnet Po Box 173904 Denver, CO 80217

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Dept Of Education/neln 121 S 13th St Lincoln, NE 68508

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Detroit Water & Sewage Dept c/o Kilpatrick & Associates, P.C. 615 Griswold, Suite 1305 Detroit, MI 48226 DMC P O Box 830913 Birmingham, AL 35283

first credit Incorporated P.O BOX 630659 Cincinnati, OH 45263-0659

Frost-Arnett
P.O. BOX 198988
Nashville, TN 37219-8988

Gm Financial Po Box 181145 Arlington, TX 76096

Henry Ford Hospital One Ford Place, Suite 1B Detroit, MI 48202

HSN PO Box 9090 Clearwater, FL 33758

IRS-Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Syst 16 Mcleland Rd Saint Cloud, MN 56303

L.J. Ross Associates, Inc P.O. Box 6099 Jackson, MI 49204-6099

Michigan Education Cr 9200 N Haggerty Rd Plymouth, MI 48170

Michigan Education Cr 9200 N Haggerty Rd Plymouth, MI 48170 Michigan Education Cr 9200 N Haggerty Rd Plymouth, MI 48170

Michigan Education Cr 9200 N Haggerty Rd Plymouth, MI 48170

Michigan Education Cr 9200 N Haggerty Rd Plymouth, MI 48170

Michigan Education Cr 9200 N Haggerty Rd Plymouth, MI 48170

Michigan First Cu 27000 Evergreen Rd Southfield, MI 48076

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Midland Funding 8875 Aero Dr Suite 200 San Diego, CA 92123

Midwest Receivable Sol 2323 Gull Road Kalamazoo, MI 49048

Monterey Financial Svc 4095 Avenida De La Plata Oceanside, CA 92056

Montgomery Ward 1112 7th Ave Monroe, WI 53566

Navient Po Box 9500 Wilkes Barre, PA 18773 NPAS, Inc PO Box 99400 Louisville, KY 40269

Oakwood Heritage Hospital Dept. 249001 PO Box 670000 Detroit, MI 48267

Paramount Recovery Sys Po Box 23369 Waco, TX 76702

Progressive Leasing 256 Data Dr. Draper, UT 84020

Rmp Services 8155 Executive Court Lansing, MI 48917

St. Mary Mercy Hospital P.O. BOX 776478 Chicago, IL 60670

Td Bank Usa/targetcred Po Box 673 Minneapolis, MN 55440

Truegreen
P. O. BOX 9001128
Louisville, KY 40290-1128

Water and Sewage Dept P.O. BOX 32711 Detroit, MI 48232

Webbank/fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303